

RCE/1775
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OCT 19 2004

PTO/SB/30 (08/00)

Approved for use through 10/31/2002. OMB 0651-0031

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REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	10/009,291
	Filing Date	June 17, 2002
	First Named Inventor	O'Shaughnessy
	Group Art Unit	1775
	Examiner Name	Blackwell-Rudasil, G.
	Attorney Docket Number	44046.203.160.4.2

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 C.F.R. § 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. Submission required under 37 C.F.R. § 1.114
a. <input type="checkbox"/> Previously submitted
i. <input type="checkbox"/> Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on <u>August 19, 2004</u> (Any unentered amendment(s) referred to above will be entered).
ii. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
iii. <input type="checkbox"/> Other _____
b. <input checked="" type="checkbox"/> Enclosed
i. <input checked="" type="checkbox"/> Amendment/Reply
ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)
iii. <input type="checkbox"/> Information Disclosure Statement (IDS)
iv. <input checked="" type="checkbox"/> Other: <u>Record of Substance of Interview, Petition for Extension of Time, Check, Transmittal Letter, Return Postcard</u>
2. Miscellaneous
a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required)
b. <input type="checkbox"/> Other _____
3. Fees <i>The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed</i>
a. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 061910
i. <input checked="" type="checkbox"/> RCE fee required under 37 C.F.R. § 1.17(e) 10/21/2004 JADDO1 00000058 061910 10009291
ii. <input checked="" type="checkbox"/> Extension of time fee (37 C.F.R. §§ 1.136 and 1.17) 01 FC:1801 790.00 DA
iii. <input type="checkbox"/> Other _____
b. <input checked="" type="checkbox"/> Check in the amount of \$980.00 is enclosed
c. <input type="checkbox"/> Payment by credit card (Form PTO-2038 enclosed) Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
Name (Print/Type)	Eric J. Snustad	Registration No. (Attorney/Agent)	45,120
Signature		Date	13 October 2004

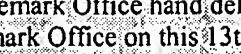
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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Mail Stop RCE, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on:			
Name (Print/Type)	Eric J. Snustad	Date	13 October 2004
Signature			

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A circular black ink stamp. The outer ring contains the text "U. S. PATENT AND TRADEMARK OFFICE" in a stylized font. The inner circle contains the text "CENSUS BUREAU" at the top and "OCT 19 2004" at the bottom.

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FORM PTO-1083
Docket No. 44046.203.160.4.2
In re application of: O'Shaughnessy, et al.

Serial No. 10/009,291

Filed: June 17, 2002

For: Temporary Protective Covers

COMMISSIONER FOR PATENTS
ALEXANDRIA, VA 22313-1450

Sir: Transmitted herewith is an amendment in the above-identified application.

- Applicant claims small entity status.
 A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
 No additional fee is required. The fee has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)		
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	
TOTAL	22	MINUS	** 81	= 0
INDEP.	8	MINUS	*** 8	= 0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

[] Please charge by Deposit Account No. 061910 in the amount of \$ _____. A duplicate copy of this sheet is attached.

[] A check in the amount of \$0 is attached.

[X] The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 061910. A duplicate copy of this sheet is attached.

Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

E. J. Smith

Eric J. Snustad 45,120